

**UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF MICHIGAN**

**Request for Modifying the Conditions or Term of Supervision with Consent of the Offender
(Probation Form 49, Waiver of Hearing is Attached)**

Name of Offender: Christopher Brattain

Case Number: 1:06:CR:293-01

Name of Sentencing Judicial Officer: The Honorable Robert Holmes Bell
U.S. District Judge

Name of Presiding Judicial Officer: The Honorable Paul L. Maloney
U.S. District Judge

Date of Original Sentence: April 17, 2007

Original Offense: Aggravated Sexual Abuse of a Minor; 18 U.S.C. § 2241(c)

Original Sentence: 144 months custody; 10 years supervised release. Special Conditions: (1) no contact with anyone under 18; (2) reside at approved location and with approved persons; (3) sex offender treatment; (4) no unmonitored internet or computer devices; (5) gainful employment; (6) mental health treatment; (7) no contact with victim; (8) comply with sex offender registration; (9) provide financial information; and (10) 100 hours of community service per year. Special Assessment, \$100.00 (paid in full). Restitution, \$5,000.00 (paid in full).

Type of Supervision: Supervised Release

Date Supervision Commenced: March 3, 2017
Expiration Date: March 2, 2027

PETITIONING THE COURT

To amend Special Condition Number Three (3) as follows:

3. **You must participate in a sex offender assessment and/or treatment, as approved by the probation officer, which may include physiological testing, such as polygraph, and/or ABEL Assessment. You will contribute to the cost of treatment in an amount approved by the probation officer and waive your right of confidentiality while involved in treatment.**

CAUSE

Mr. Brattain is a hands-on sex offender, and his instant offense involved his daughter. Mr. Brattain's sex offender treatment condition is outdated and does not specify the tools necessary to adequately supervise Mr. Brattain. It is therefore respectfully recommended Special Condition Number three (3) be amended to include the above information.

Previous Violations

- **July 23, 2018:** Modification of supervised release as a result of the offender's hardship completing 100 hours of community service per year. The Court removed special condition number (10) requiring the offender to complete 100 hours of community service per year.

U.S. Probation Officer Action:

The offender agreed to the proposed modification and executed a Probation Form 49, Waiver of Hearing to Modify Conditions of Probation/Supervised Release, which is attached for the Court's review.

Approved,

by /s/ Scott M. Lopofsky
Scott M. Lopofsky
Supervisory U.S. Probation Officer
Date: November 13, 2018

Respectfully submitted,

by /s/ Amy Vander Velde
Amy Vander Velde
U.S. Probation Officer Specialist
Date: November 13, 2018

THE COURT ORDERS:

No Action
 The Modification of Conditions as Noted Above
 Other

/s/ Paul L. Maloney
The Honorable Paul L. Maloney
U.S. District Judge

November 14, 2018
Date

PROB 49
(3/89)

United States District Court

Western District of Michigan

Waiver of Hearing to Modify Conditions of Probation/Supervised Release or Extend Term of Supervision

Christopher Brattain

I have been advised and understand that I am entitled by law to a hearing and assistance of counsel before any unfavorable change may be made in my Conditions of Probation and Supervised Release or my period of supervision being extended. By "assistance of counsel," I understand that I have the right to be represented at the hearing by counsel of my own choosing if I am able to retain counsel. I also understand that I have the right to request the court to appoint counsel to represent me at such a hearing at no cost to myself if I am not able to retain counsel of my own choosing.

I hereby voluntarily waive my statutory right to a hearing and to assistance of counsel. I also agree to the following modification of my Conditions of Supervision type or to the proposed extension of my term of supervision:

To amend special condition number 3 to read as follows:

You must participate in a sex offender assessment and/or treatment, as approved by the probation officer, which may include physiological testing, such as polygraph, and/or ABEL Assessment. You will contribute to the cost of treatment in an amount approved by the probation officer and waive your right of confidentiality while involved in treatment.

Witness



(U.S. Probation Officer)

Signed



First Name Last Name

11/7/2018
(Date)